

## **Adapted Physical Education - Frequently Asked Questions**

### **1. What is adapted physical education?**

Adapted Physical Education (APE) is standards-based physical education which has been adapted or modified to meet the individual needs of students with a disability (see below). APE should not be considered a separate class, but a continuum of modified physical education services that are provided in the least restrictive environment (LRE). The Vermont Special Education Guide states:

(j) Physical education (34 CFR §300.108<sup>1</sup>)

Each LEA shall:

- (1) Provide physical education services, specially designed if necessary, that shall be made available to every child with a disability receiving FAPE unless the LEA enrolls children without disabilities and does not provide physical education to children without disabilities in the same grades.
- (2) Afford the opportunity to each eligible child to participate in the regular physical education program available to nondisabled children unless--
  - (i) The child is enrolled full time in a separate facility; or
  - (ii) The child needs specially designed physical education as prescribed in the child's IEP.
- (3) Special physical education. If specially designed physical education is prescribed in a child's IEP, the LEA responsible for the education of that child shall provide the services directly or make arrangements for those services to be provided through other public or private programs.
- (4) Education in separate facilities. The LEA responsible for the education of an eligible child who is enrolled in a separate facility shall ensure that the child receives appropriate physical education services in compliance with this section.

The term disability is used as a diagnostic category that qualifies students for special services. In Vermont, these categories include:

- Autism Spectrum Disorder
- Deaf – Blindness
- Emotional disturbance
- Hearing impairment
- Learning impairment
- Multiple disabilities
- Orthopedic impairment
- Other health impairment
- Specific learning disability
- Speech or language impairment
- Traumatic brain injury
- Visual impairment<sup>2</sup>

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<sup>1</sup> U.S. Department of Education's Individuals with Disabilities Education Act (IDEA) <http://idea.ed.gov/>

## 2. What is the role of the APE teacher?

APE teachers have two major roles. The first is direct service provider. In this role, the APE teacher evaluates, plans, and implements instructional programs in physical education for students with disabilities, as defined by the [Vermont Grade Expectations for Physical Education](#). The second role is consultant. In this role the APE teacher helps other professionals to provide APE programs. APE teachers perform formal student evaluations and are integral members of the individual education plan (IEP) team. Some districts may employ APE teachers who function solely as direct service providers while others work only as consultants. However, APE teachers have been known to provide some degree of direct and consulting services, depending on the needs of their districts.

The APE teacher is a direct service provider, not a related service provider, because physical education for children with disabilities is a federally [U.S.C.A. 1402 (25)<sup>3</sup>] and state mandated (see above) component of special education services. This is contrasted with physical therapy (PT) and occupational therapy (OT), which are “related services”. These therapies are provided to the child with disabilities only if he/she needs them to benefit from instruction and are considered different from APE services.

## 3. Who can teach APE?

In Vermont, a licensed physical education teacher is deemed qualified to provide APE services. In order to obtain a [physical education endorsement](#), the individual must demonstrate competency in knowledge and skills to modify physical education programs for students with special needs. The Vermont Department of Education does not have a separate, specialized endorsement for APE. However, see #4 for more information about advanced training in APE. See also the 2010 position paper entitled “[Highly Qualified Adapted Physical Education Teacher](#)” from the American Association for Physical Activity and Recreation (AAPAR).

## 4. Is there advanced training in APE?

Yes, at the national level physical education teachers may elect to complete advanced training and a national exam to become a Certified Adapted Physical Educator (CAPE). This certification is based on the Adapted Physical Education National Standards (APENS). To learn more visit [www.apens.org](http://www.apens.org). Note however, the Vermont Department of Education does not recognize CAPE as an endorsement separate from a physical education teaching license. It is recommended that school districts seek to employ or consult with Vermont licensed physical education teachers that hold CAPE. Contact the Vermont Department of Education (see below) for a list of professionals who hold CAPE and may be able to provide consultation. Also, graduate training in APE is available at several institutions of higher education. For more information, please visit [www.ncperid.org](http://www.ncperid.org).

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<sup>2</sup> Vermont State Board of Education. 2010. Special Education Guide. Retrieved 10/19/12 from: [http://education.vermont.gov/new/pdfdoc/pgm\\_spед/laws/educ\\_spед\\_guide.pdf](http://education.vermont.gov/new/pdfdoc/pgm_spед/laws/educ_spед_guide.pdf)

<sup>3</sup> U.S. Department of Education's Individuals with Disabilities Education Act (IDEA) <http://idea.ed.gov/>

### **5. Must a student be evaluated before being placed in APE?**

Yes. It should be assumed that all students begin in general physical education. Any student who receives APE must have a comprehensive special education evaluation on file. This evaluation must have been recognized and APE placement must have been approved in the IEP meeting. In addition, all students must have statements of physical education goals and objectives. The goals and objectives are based on the evaluation data and must be written in measurable terms. See also the position paper entitled "[Eligibility Criteria for Adapted Physical Education Services](#)" from AAPAR.

### **6. Who can do the APE evaluation?**

The student should be evaluated after a referral for evaluation has been submitted. Evaluators should be professionals who have been trained and are qualified to administer and interpret physical and motor evaluations in the area of APE.

### **7. Which evaluation instrument should I use?**

Evaluation instruments must be selected based on their suitability for the child's age and for the activities to be evaluated. Norm-referenced tests identify how particular children compare with their age-matched peers. It is usually on the basis of norm-referenced evaluations that it is determined that children are lagging behind their peers. The second important criterion is to find an instrument that evaluates behaviors of interest. If you are interested in evaluating a child's motor skills, a paper-and-pencil test will not provide you with adequate information. Examples of evaluation instruments that specifically address a child's motor skills are:

- For early childhood: Peabody Developmental Motor Scales
- For ages 3-10: Test of Gross Motor Development-2 (TGMD 2)
- For ages 6-17+: Competency Testing for Adapted Physical Education
- Brockport Fitness Test
- Adapted Physical Education Assessment Scale (APEAS 2)

Contact the director of special education services to request training for the use of evaluation instruments.

### **8. Must a standardized evaluation be used in all cases?**

Generally, yes. There are rare circumstances in which a standardized test may not produce the information needed for physical education placement and programming. In such a case, it is acceptable to use bits and pieces from existing instruments. You will not be able to produce standardized data, but rather an instrument similar to an informal checklist. Your evaluation data will be in the form of a narrative, and you will have to explain why you were unable to use a formal or standardized evaluation. It is recommended that you use evaluation data from a variety of professionals, working as part of a transdisciplinary team to collect the most appropriate information. Contact the director of special education services to request training for the use of evaluation instruments.

**9. For students with more involved disabilities, can a physical therapist's evaluation be used to determine physical education placement?**

Physical therapy (PT) is a related service, and physical therapists are responsible for providing support to the education curriculum. When a student with a severe disability needs to be evaluated for physical education, it is recommended that the APE teacher and the physical therapist work together on the evaluation and write a transdisciplinary IEP. In this way, the physical therapist supports and assists with the APE teacher's direct educational services, which will help ensure the most appropriate placement.

**10. How often should a student be evaluated?**

A student can be evaluated for APE at any time during the school year, in three basic ways. The first is through a referral, which can come from any professional or parent/guardian who believes there is a significant motor delay in a child's physical activity skills. Based on this referral, the student should be screened, and then a decision should be made about whether to complete a formal evaluation. Second, if the student with a disability is transferring from another school district where he or she was receiving APE services, the new APE teacher should re-evaluate this student with formal and informal measures. Finally, a student who is already deemed eligible for APE services must be evaluated every three years unless the IEP team determines that no further evaluations are needed.

**11. Once the evaluation is complete, how do you determine if the student qualifies for APE?**

Neither the federal, nor the state government provides standards for placement. Each school district must determine its own test instruments and standards for placement. In doing so, consider two factors: 1) whether the student's physical performance falls 1.5 standard deviations below the mean, and 2) the least restrictive environment (LRE). A student may need one or more services along the continuum from individual one-on-one APE instruction to full integration in general physical education. For more information see the 2010 position statement. See the position paper entitled "[Eligibility Criteria for Adapted Physical Education Services](#)" from AAPAR<sup>4</sup>. If it is determined that a student with special needs does not qualify for APE but does need additional support(s), this student should be referred to the school's [Educational Support Team](#) (EST) for case review and intervention planning.

**12. Who writes the IEP objectives, and who is responsible for implementation?**

The goals and objectives should be written by the IEP team, including membership from the APE teacher and/or general physical education teacher. If the student will be receiving APE services in a segregated environment (i.e. one on one, or in a small group), the APE teacher should write the goals and objectives for the IEP. On the other hand, if the student is going into the general physical education environment, the goals and objectives should be written by the professional(s) working with the student (e.g. the general physical education and APE teachers).

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<sup>4</sup> American Association for Physical Activity and Recreation. 2010. Eligibility Criteria for Adapted Physical Education Services. Retrieved 10/29/2012 from: <http://www.aahperd.org/naspe/standards/upload/Eligibility-Criteria-for-Adapted-PE.pdf>

The whole IEP team will make final decisions on which goals and objectives are to be included in the plan.

### **13. How often should a student receive APE?**

A rule of thumb is that students with disabilities should receive the same number of minutes per week or credits of physical education as their non-disabled peers. The extent of services provided is based on the evaluation and the recommendation of the IEP team. The appropriate service-delivery model depends on the student's needs. For example, a student with autism may need and receive general physical education services once a week and APE services twice a week. In some cases, the APE teacher may need to strategize with the general physical education teacher to create appropriate lesson adaptations at the beginning of each new unit. Most students with disabilities have the skills and competencies to function in a general physical education class and thus would receive the same amount of physical education as their peers; hence they would not require specialized physical education. Again, this is based on the individual student's needs, not on availability of services, facilities, convenience, staffing requirements, or equipment.

### **14. Can a students with special needs be exempted from physical education.**

No, students with disabilities must be accommodated and provided at least the same number of minutes per week or credits of physical education as their non-disabled peers. APE teachers are qualified to create alternative curricular options and adaptations so the students can participate to the fullest extent possible in general physical education.

### **15. Who is responsible for writing modifications for physical education?**

Modifications should come from the IEP team in collaboration with other professionals (e.g. related service providers) involved with the student. Ideally, partnerships between the general physical education teacher and/or APE teacher, with recommendations from other members of the IEP team, would produce the appropriate modifications and adaptations<sup>5</sup>.

### **16. How are APE services and/or equipment funded?**

Many APE services and/or equipment can be provided by the general physical education program with support from the district. Otherwise, the following criteria must be met, in order for APE services and/or equipment to be reimbursed:

- the individual student's APE program must be different from the general physical education provided to same age peers
- the APE program must be aligned with the student's IEP goals and objectives
- APE services must be listed on the IEP service page
- APE services cannot be provided by occupational therapists (OT) or physical therapists (PT), however OTs and PTs may consult with an APE teacher

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<sup>5</sup> Adapted from: Buchanan, P.S., Silliman-French, L., Jansen, J.L. **Adapted Physical Education Answers to Frequently Asked Questions In Texas.** [http://tahperd.org/LINKS/links\\_pdfs/ape\\_qanda.pdf](http://tahperd.org/LINKS/links_pdfs/ape_qanda.pdf)



- APE teachers must document their time like any other staff member who has a portion of their salary and benefits charged to special education (see the Vermont Department of Education's [Technical Guide for Special Education Cost Documentation](#) for details about the documentation requirements.)

Questions should be directed to:

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